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CONFIRMATION NO. 4594

<b>SERIAL NUMBER</b> 09/596,806	<b>FILING OR 371(c) DATE</b> 06/19/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 540P	
<b>APPLICANTS</b> Harry J. Buncke, Hillsborough, CA; <b>** CONTINUING DATA</b> <i>none</i> <i>ST</i> ***** <b>** FOREIGN APPLICATIONS</b> <i>none</i> <i>ST</i> ***** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** SMALL ENTITY ** <b>** 08/08/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Thomas M Freiburger P.O. BOX 1026 TIBURON, CA94920					
<b>TITLE</b> Surgical Clip Applier With Remote Operation					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		